

5:21-CV-00381-OLG

EXHIBIT F

PLAINTIFF'S PERSONNEL FILE EXCERPTS POSITION ELIMINATED

CITY OF LEON VALLEY

PERSONNEL ACTION REQUEST

A EMPLOYEE NAME <u>Denise Frederick</u>		SOCIAL SECURITY #		STREET ADDRESS		DOB	
PAYROLL #	DEPT/ACCOUNTS	GRADE/STEP	HOME #	CITY/STATE/ZIP			

B ABSENCE/REASON

<input type="checkbox"/> PERSONAL LEAVE	<input type="checkbox"/> COMPENSATORY TIME	<input type="checkbox"/> AUTHORIZED PAID LEAVE
<input type="checkbox"/> ANNUAL LEAVE	<input type="checkbox"/> MAJOR MEDICAL LEAVE	<input type="checkbox"/> UNAUTHORIZED UNPAID LEAVE
<input type="checkbox"/> SICK LEAVE	<input type="checkbox"/> LONG TERM LEAVE	<input type="checkbox"/> JURY LEAVE
<input type="checkbox"/> HOLIDAY LEAVE	<input type="checkbox"/> DEATH LEAVE	<input type="checkbox"/> OTHER _____

NUMBER OF HOURS TAKEN: _____

DATES OF LEAVE/ABSENCE: _____

NUMBER OF HOURS ACCRUED: _____

REMARKS: _____

C PAYROLL CODES

<input type="checkbox"/> HEALTH
<input type="checkbox"/> DENTAL
<input type="checkbox"/> VISION
<input type="checkbox"/> LEAVE ACCRUAL
<input type="checkbox"/> CERTIFICATION PAY/PP
<input type="checkbox"/> TMRS

CODE

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> Y/N
<input type="checkbox"/>
<input type="checkbox"/> Y/N

EMPLOYMENT ACTIVITY

NEW HIRE/PROMOTION
TERMINATION
NAME CHANGE
CHANGE TO REGULAR STATUS
ADDRESS/PHONE CHANGE
UNIFORM ALLOWANCE

JOB TITLE

City Attorney

TWCC CODE

SPLIT PAY ACCTS

OTHER

OTHER

D PAYROLL CHANGE

☐ MERIT INCREASE☐ GRADE CHANGE

ANNIVERSARY DATE
EFFECTIVE DATE <u>11/18/19</u>
BASE HOURS

FROM	GRADE	STEP
TO	GRADE	STEP
PAY RATE	FROM	\$
	TO	\$

E TERMINATION REQUEST

DATE RESIGNATION RECEIVED 9/1/19

DEPT. EXIT INTERVIEW BY _____

DATE EFFECTIVE Nov 18/19

INTERVIEW DATE _____

TERMINATION PERFORMANCE EVALUATION DONE?

☐ YES ☒ NO

IS EMPLOYEE ELIGIBLE FOR REHIRE?

☒ YES ☐ NO

REASON FOR TERMINATION

Position was no longer budget

F TERMINATION PAYROLL

	HOURS	RATE	AMOUNT
PERSONAL LEAVE	<u>76.38</u>	<u>\$ 43.14</u>	<u>\$ 3295.03</u>
COMP. LEAVE		\$	\$
HOLIDAY LEAVE		\$	\$
OTHER		\$	\$
UNIFORM ALLOWANCE		\$	\$
		TOTAL	\$

G APPROVAL SIGNATURES

DATE SIGNED

EMPLOYEE _____

DEPARTMENT HEAD _____

CITY MANAGER _____

HR DIRECTOR [Signature] 11/23/17

CITY OF LEON VALLEY

PERSONNEL ACTION REQUEST

A EMPLOYEE NAME <i>Denise Fredrick</i>		SOCIAL SECURITY #		STREET ADDRESS	DOB
PAYROLL #	DEPT/ACCOUNTS	GRADE/STEP	HOME #	CITY/STATE/ZIP	

B ABSENCE/REASON

<input type="checkbox"/> PERSONAL LEAVE	<input type="checkbox"/> COMPENSATORY TIME	<input type="checkbox"/> AUTHORIZED PAID LEAVE
<input type="checkbox"/> ANNUAL LEAVE	<input type="checkbox"/> MAJOR MEDICAL LEAVE	<input type="checkbox"/> UNAUTHORIZED UNPAID LEAVE
<input type="checkbox"/> SICK LEAVE	<input type="checkbox"/> LONG TERM LEAVE	<input type="checkbox"/> JURY LEAVE
<input type="checkbox"/> HOLIDAY LEAVE	<input type="checkbox"/> DEATH LEAVE	<input type="checkbox"/> OTHER _____

NUMBER OF HOURS TAKEN: _____ DATES OF LEAVE/ABSENCE: _____

NUMBER OF HOURS ACCRUED: _____ REMARKS: _____

C PAYROLL CODES

<input type="checkbox"/> HEALTH <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION <input type="checkbox"/> LEAVE ACCRUAL <input type="checkbox"/> CERTIFICATION PAY/PP <input type="checkbox"/> TMRS	CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/N <input type="checkbox"/> <input type="checkbox"/> Y/N	EMPLOYMENT ACTIVITY NEW HIRE/PROMOTION TERMINATION NAME CHANGE CHANGE TO REGULAR STATUS ADDRESS/PHONE CHANGE UNIFORM ALLOWANCE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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JOB TITLE	
TWCC CODE	
SPLIT PAY ACCTS	
OTHER	
OTHER	

D PAYROLL CHANGE

☒ MERIT INCREASE

ANNIVERSARY DATE
EFFECTIVE DATE <i>6/23/19 Retro</i>
BASE HOURS

☐ GRADE CHANGE

FROM	GRADE	STEP
TO	GRADE	STEP
PAY RATE	FROM	\$ <i>41.46/hr</i>
	TO	\$ <i>42.29/hr</i>

E TERMINATION REQUEST

DATE RESIGNATION RECEIVED _____ DEPT. EXIT INTERVIEW BY _____

DATE EFFECTIVE _____ INTERVIEW DATE _____

TERMINATION PERFORMANCE EVALUATION DONE? ☐ YES ☐ NO IS EMPLOYEE ELIGIBLE FOR REHIRE? ☐ YES ☐ NO

REASON FOR TERMINATION _____

F TERMINATION PAYROLL

	HOURS	RATE	AMOUNT
PERSONAL LEAVE		\$	\$
COMP. LEAVE		\$	\$
HOLIDAY LEAVE		\$	\$
OTHER		\$	\$
UNIFORM ALLOWANCE		\$	\$
TOTAL		\$	\$

G APPROVAL SIGNATURES

EMPLOYEE _____	DATE SIGNED
DEPARTMENT HEAD _____	
CITY MANAGER <i>[Signature]</i>	<i>7-9-19</i>
HR DIRECTOR _____	

CITY OF LEON VALLEY

PERSONNEL ACTION REQUEST

A EMPLOYEE NAME <i>Denise Frederick</i>		SOCIAL SECURITY #		STREET ADDRESS	DOB
PAYROLL # <i>1240</i>	DEPT/ACCOUNTS	GRADE/STEP	HOME #	CITY/STATE/ZIP	

B ABSENCE/REASON

<input type="checkbox"/> PERSONAL LEAVE	<input type="checkbox"/> COMPENSATORY TIME	<input type="checkbox"/> AUTHORIZED PAID LEAVE
<input type="checkbox"/> ANNUAL LEAVE	<input type="checkbox"/> MAJOR MEDICAL LEAVE	<input type="checkbox"/> UNAUTHORIZED UNPAID LEAVE
<input type="checkbox"/> SICK LEAVE	<input type="checkbox"/> LONG TERM LEAVE	<input type="checkbox"/> JURY LEAVE
<input type="checkbox"/> HOLIDAY LEAVE	<input type="checkbox"/> DEATH LEAVE	<input type="checkbox"/> OTHER _____

NUMBER OF HOURS TAKEN: _____ DATES OF LEAVE/ABSENCE: _____

NUMBER OF HOURS ACCRUED: _____ REMARKS: _____

C PAYROLL CODES

<input type="checkbox"/> HEALTH <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION <input type="checkbox"/> LEAVE ACCRUAL <input type="checkbox"/> CERTIFICATION PAY/PP <input type="checkbox"/> TMRS	CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/N <input type="checkbox"/> Y/N	EMPLOYMENT ACTIVITY <input type="checkbox"/> NEW HIRE/PROMOTION <input type="checkbox"/> TERMINATION <input type="checkbox"/> NAME CHANGE <input type="checkbox"/> CHANGE TO REGULAR STATUS <input type="checkbox"/> ADDRESS/PHONE CHANGE <input type="checkbox"/> UNIFORM ALLOWANCE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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JOB TITLE *City Attorney*

TWCC CODE _____

SPLIT PAY ACCTS _____

OTHER _____

OTHER _____

D PAYROLL CHANGE

☒ MERIT INCREASE

ANNIVERSARY DATE	
EFFECTIVE DATE	<i>6/23/18</i>
BASE HOURS	

☐ GRADE CHANGE

FROM	GRADE	STEP
TO	GRADE	STEP
PAY RATE	FROM	\$ <i>39.85/hr</i>
	TO	\$ <i>40.65/hr</i>

E TERMINATION REQUEST

DATE RESIGNATION RECEIVED _____ DEPT. EXIT INTERVIEW BY _____

DATE EFFECTIVE _____ INTERVIEW DATE _____

TERMINATION PERFORMANCE EVALUATION DONE? ☐ YES ☐ NO IS EMPLOYEE ELIGIBLE FOR REHIRE? ☐ YES ☐ NO

REASON FOR TERMINATION _____

F TERMINATION PAYROLL

	HOURS	RATE	AMOUNT
PERSONAL LEAVE		\$	\$
COMP. LEAVE		\$	\$
HOLIDAY LEAVE		\$	\$
OTHER		\$	\$
UNIFORM ALLOWANCE		\$	\$
TOTAL		\$	\$

G APPROVAL SIGNATURES

EMPLOYEE _____	DATE SIGNED _____
DEPARTMENT HEAD _____	
CITY MANAGER _____	
HR DIRECTOR <i>[Signature]</i>	<i>7/31/18</i>